



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

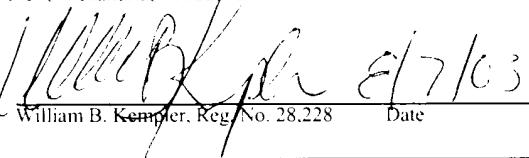
Appl. No. : 09/942,014 Confirmation No. 9002
Applicant : Andrew S. Dewa
Filed : 08/29/2001
TC/A.U. : 1765
Examiner : Vinh, Lan

Docket No. : A-41588
Customer No. : 23494

AMENDMENT UNDER 37 C.F.R. §1.111 TRANSMITTAL FORM

Non-Fee Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

MAILING CERTIFICATE UNDER 37 C.F.R. §1.8(A) I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Non-Fee Amendment, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.


William B. Kempler, Reg. No. 28,228

Date 8/7/03

Sir:

1. Transmitted herewith is an amendment for this application.

STATUS

2. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply. Applicant is other than a small entity.

(a) Applicant petitions for an extension of time under 37 CFR 1.136 (fees: 37 CFR 1.17(a)-(d) for other total number of months checked below:

Extension (months)	Fee for other than small entity
<input type="checkbox"/> one month	\$ 110.00
<input type="checkbox"/> two months	\$ 400.00
<input type="checkbox"/> three months	\$ 920.00
<input type="checkbox"/> four months	\$ 1,440.00

Fee \$ -0-

If an additional extension of time is required please consider this a petition therefore.

An extension for _____ months has already been secured and the fee paid therefore of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____

OR

(b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID	PRESENT EXTRA	RATE	ADDITIONAL FEE
Total Claims	17	Minus		= 0	x \$18 =	\$ 0
Independent Claims	4	Minus	3	= 0	x \$84 =	\$ 84.00
TOTAL ADDITIONAL FEE FOR THIS AMOUNT						\$ 84.00

(c) No additional fee for claims is required.

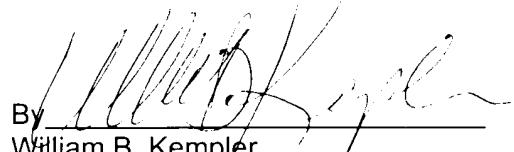
OR

(d) Total additional fee for claims required \$ 84.00

FEE PAYMENT

If any additional extension and/or fee is required, charge Deposit Account No. 20-0668 and/or if any additional fee for claims is required, charge Deposit Account No. 20-0668. Two copies of this sheet are enclosed.

Respectfully submitted,
Texas Instruments Incorporated

By 
William B. Kempler
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